

Members of the Labor and Public Employees Committee:

RE: Written testimony in support of SB 1035, AN ACT CONCERNING BULLYING IN THE WORKPLACE

The following testimony will demonstrate events which occurred at the Office of the Health Care Advocate which solidify the misuse of power, favoritism, bullying in the workplace and the erratic leadership of the agency head.

After a year of silence, mixed emotions and fear of retaliation, I am compelled to come forward with my story regarding my employment at (OHA).

I was thrilled to have met the requirements for the position of the Insurance Program Manager under the direct supervision of Victoria Velti. I was hired to manage two significant state projects, in conjunction with both with the Department of Children Family Services (DCF), and the Department of Social Services (DSS). Both projects were to seek monetary recoupment for healthcare services through the process of readjudicating claims for medical, prescription, and dental coverage for consumers of the State of Connecticut.

My offer letter from human resources (HR) was sent on December 21, 2012. Here is where it begins.

In the official OPR finding/results report voted December 19, 2012 to stop the funding for the DSS Medicaid recoupment project. Upon reading the report from OPR, I went to seek the advice of human resources who explained the position was presented office as "permanent full time." Soon after I started, the management at OHA announced there was a possible layoff due to the lack of funding for the DSS Medicaid Recoupment Project which created a tenuous environment and uncertainty of my new position.

Within those same few weeks of employment, two employees were escorted out of the building and were under investigation for using state computers for personal use. I discovered in a separate conversation that Laura Morris, Demian Fontenalla, and Vicki Veltri had concerns for other agency staff, specifically those hired for the DSS Project. The first employee "had a temper, was difficult to work with, and considered to be loose cannon". The second employee was continuously late and had been spoken to several times regarding their punctuality. These two employees were recently hired by Ms. Veltri. As their new manager, I pondered why they remained after their six month working test period given the concerns about their work performance. In addition there were conversations surrounding another employee who had been escorted out in a previous month of that year for similar reasons.

Having attended a training session for managers and based my previous knowledge of state agency protocols, I was aware that managers were eligible for compensation time. On one occasion, I worked from home after hours on the DSS Project tracking my time by logging into the office. Upon returning to the office, I submitted a request for compensation time. Ms. Veltri informed me there was no compensation time currently provided by the agency. This perplexed me as Ms. Morris spoke freely of the compensation time provided by Ms. Veltri. However, in a discussion with HR to clarify the compensation and benefits for my new position, I also inquired about non-management employees' eligibility for compensation time. I wanted to understand protocol for the employees who were reporting to me. The HR specialist appeared stunned about the comment, and quickly informed me Ms. Morris's job class wasn't eligible to receive compensation time. She quickly followed up with, "I don't want to know".

The next troubling incident took place at the agency monthly staff meeting. A third recently hired employee who reported to me spoke eloquently concerning their position in the agency. Ms. Veltri approached me later that day outwardly disturbed about the outspoken employee. She strongly advised me, as her supervisor, to reprimand the employee for the candid comments at the meeting.

Ms. Veltri never conveyed expectations for staff meeting protocol. As a manager I was being asked to reprimand an employee for something that I was not aware was inappropriate.

A similar situation occurred during the employee evaluation process. Evaluations were compiled with input from Demian Fontanella Legal Counsel, and Laura Morris Outreach Coordinator/Data Analyst (Non-managerial role) and myself. Ms. Veltri oversaw the evaluations before I was to meet with the employees whom I supervised directly. The team expressed concerns regarding the parameters used to determine six month evaluations because they were aware that Ms. Veltri completed the evaluation of another employee the previous week. I assured the team the evaluations were based on input from OHA management because I was recently hired. Ms. Veltri instructed me to address the employee who had the "outburst" at the recent staff meeting and provide negative feedback on the evaluation. The employee questioned the negative remarks, and proceeded to write a rebuttal for their personnel file. The next day Ms. Veltri charged into my work station irately. Screaming at me, "How you could say that I said those things regarding the employees' performance? You are supposed to be the manager. How dare you mention my name?"

The DCF project was managed Ms. Veltri and Ms. Morris before my arrival at the agency. There seemed to be tension surrounding my position and the DCF project. Ms. Morris expressed to both the DSS and DCF team members she would be their manager. At a separate meeting with Ms. Veltri regarding the DCF project, I stated I would welcome the continuous efforts of Ms. Morris in the DCF project in a leadership capacity. The continued efforts would benefit both the

project and agency. Ms. Veltri stated she had other responsibilities at the time. Ms. Morris did continue to assist in the outreach efforts to DCF agencies throughout the state. An outreach meeting had been scheduled in the Danbury DCF location in March 2013. Ms. Morris had chosen to complete the assignment. About two hours before the meeting, she approached the employee designated to the project and demanded they attend the meeting because of her workload. The employee tried to reasonably explain that it would be a difficult task without notice because of a medical condition. They were upset in the abrupt manner Ms. Morris approached them and then proceeded to storm off into Ms. Veltri's office. After hearing part of the commotion, I decided to call Ms. Veltri and Ms. Morris to clarify the office protocol. As a manager, I was flabbergasted by the lack of professionalism displayed by Ms. Morris in making such demands on a fellow colleague. Before I managed to call Ms. Veltri, she had already entered my work station visibly distraught regarding the actions of the employee who didn't adhere to the demands of Ms. Morris. Ms. Veltri defended the actions of Ms. Morris, and made it very clear the employee was in no way to address and refuse the strong armed request/demands of Ms. Morris. Ms. Veltri indicated she was unaware of any condition that would have prevented her from making the drive, and it would have been in the personnel file. As the department manager, I felt it best to diffuse the situation and carry out the task myself. The employee did ride along as a passenger to the Danbury meeting. During the trip, I learned the medical documentation had indeed been provided to the agency upon hire. (The arrangements for a complete handicap office were put on hold because the agency had plans for a new office location which had been significantly delayed until September 2013.) Immediately, I pulled over on the side of the road and offered to return the employee to the office. They declined. They also declined to file a grievance with the 1199 healthcare worker union and chose not to report the incident to (HR) for fear of retaliation.

The next troubling situation occurred during the spring. Several employees including those who reported to another department manager, (who had been out due to an illness) had become very frustrated with the blatant display of favoritism displayed by Ms. Veltri toward Ms. Morris. Personally witnessing several incidents including those directed toward me, I sought the advice of HR. HR thought the best course of action would be to address Ms. Veltri in confidence as I was fearful of the outcome. Shortly thereafter Ms. Veltri approached me livid and mumbled under her breath "she thought she could trust me".

Ms. Veltri became very unapproachable. There was a lack of mentoring, communication and leadership as emails went unanswered and scheduled meetings to discuss status and findings of both projects were cancelled. The only discussion with Ms. Veltri was regarding disciplinary concerns of those who reported directly to me. "Someone" would be in the "hot seat" at any given time. The environment became tense, fearful and hostile. Ms. Veltri spent countless hours trying to prove that the veteran state employees who had; successfully worked under the direction of Mr. Lembo disregarded state policy.

By July 2013, it became increasingly uncomfortable and it appeared that the situation was never going to be rectified. The majority of newly hired employees met their initial six month waiting period and began to seek other positions, both in and out of state service. The fear of being bullied or witnessing a peer being bullied and degraded coupled with threats of layoffs created a nerve wracking work environment.

Ms. Veltri approached the team and requested our signature on a statute that was not provided upon hire. The statute could have a grave impact on future employment opportunities and monetary penalties' for those who chose to seek employment in the local healthcare market place. Several email inquiries were exchanged between the team and Ms. Veltri in hopes to rectify the situation. She responded "I had to sign one as well when I was hired". The team unsuccessfully sought the advice of HR, DAS, State Ethics, outside legal counsel for statute they and were willing to accept possible ramifications for not signing the statute.

As a manager in the agency, part of my role was to assist consumers with healthcare policy issues. In one instance I was responsible for completing a written appeal to overturn services denied by an insurance carrier for a consumer experiencing an inpatient hospital stay. Ms. Morris entered my work station abruptly, questioning my capabilities on the subject matter, and proceeded to tell me that I might not be qualified to handle the case. My team was under the constant scrutiny (to the point of distraction) by Ms. Morris regarding their work load as she was the triage person for OHA cases. The teams' priority was to investigate claims for the DSS Medicaid Project and alternative cases would be at the discretion of the DSS project manager.

Employee evaluations were completed in September of 2013. Per Ms. Veltri, it wasn't necessary for her to be involved in the employee evaluation process for the DSS and DCF team. Past experience regarding the inconsistency or lack of direction in several situations led me to consult Ms. Veltri once again before meeting with each employee to complete the evaluations. She declined. The evaluations were completed late in September and were to be returned to HR around the 1st of October. The employee evaluations were completed and returned to the office as her signature was required before delivery to HR for employee files. The following Monday, I was retrieving voice mails which included a very disturbing message. Ms. Veltri was very dissatisfied with the results of the employee evaluations, and wanted to speak to HR and make significant non favorable changes to the already completed evaluations.

Every decision or rating of the employees was questioned. I conveyed to Ms. Veltri, that her perception might be different because her interaction lately with the team had been so limited. I reiterated the accomplishments of each employee and provided examples to justify the employees' ratings. HR called several times requesting the completion of the evaluations; so I explained the concerns of Ms. Veltri.

The following week Ms. Veltri reluctantly signed off the on evaluations after HR informed her, it wasn't standard protocol to make changes after the evaluation meetings were completed.

The agency moved to the new office location in September 2013. Several employees under my direct supervision had requested to change their arrival and departure times because it required them to ride a shuttle into the office. The time change requests were approved by Ms. Veltri, and sent to HR office several weeks prior to the implementation. Ms. Veltri sent an email three days before the time changes were to begin to notify me, that the requests couldn't be accommodated unless I changed my schedule as well. There had always been a small window between my arrival and the teams. Ms. Veltri confirmed that Mr. Fontanella arrived at the same time of the team and didn't foresee any concerns because of his position in the agency.

In October there was incident between two colleagues regarding an email exchange concerning a consumer case. Ms. Morris felt the email response from Ms. Fanello was inappropriate, out of line etc.; and brought it directly to Ms. Veltri. Ms. Veltri was distraught about the situation and came to see me to discuss it further. She said I was required to have a verbal counseling session with Ms. Fanello with a follow up with an email to document the conversation. The toxic environment and lack of consistency with Ms. Veltri prompted me again to seek the advice of human resources to ensure the incident was properly handled. The original email and my response were provided to HR. The reply from HR confirmed compliance standards were followed. Ms. Fanello and I discussed the incident, the counseling email was sent to Ms. Fanello and Ms. Veltri. Ms. Veltri called and was very irritated about the written documentation provided to Ms. Fanello regarding the incident while she out of the office. Ms. Veltri shared the email with several of her colleagues and said others stated the incident should be handled differently. Ms. Veltri contacted HR to discuss further disciplinary action by the agency.

I decided that EAP may be beneficial to cope in the chaotic work environment. During my appointment with the EAP counselor, while describing the incident between Ms. Morris and the Ms. Fanello, my phone started to ring. The EAP counselor suggested I check my phone and it was Ms. Veltri calling me to discuss the incident, in fact she contacted me at home during dinner that evening as well. The voice and email exchanges continued throughout the week with Ms. Veltri. By late Thursday afternoon, I was able to speak with HR regarding the escalated situation and they explained too much time had passed to change the outcome of the situation.

Late in October, 2013, Ms. Veltri sent me an email to discuss a report for the DCF project she needed the following day but would be out of the office and unable to provide the necessary information to complete the report. Ms. Veltri approached me to inform me that Ms. Morris would provide information the next morning. Ms. Morris initially provided data to complete the report. The data for the report contradicted data warehoused in Access. I approached Ms. Morris who announced she was very busy and leaving at noon. After another review of data, I went to Ms. Morris expressing concern about my findings. She swooshed me out of her office, was clapping her hands while yelling loudly "chop chop". Several employees who witnessed the incident were horrified by the outrageous behavior Ms. Veltri returned to the office Monday. I approached her to address what happened on Friday, only to be told "she heard all about it" and it was dismissed.

A meeting had been scheduled with both DSS and HMS managers to discuss the findings and outcomes of the DSS recoupment Project in mid-November. Mr. Fontanella stopped at my office early that morning and said Ms. Veltri would like to meet with me. I assumed it was to discuss the topics of the DSS project meeting taking place later that morning.

Ms. Veltri brought to my attention that my work performance had deteriorated in the past few weeks, and recommended I seek the assistance of EAP. She indicated a report created for the DSS project budget meeting was lacking, the initial draft had unnecessary details, and would like more of an overall review of the project. The changes were made to report, but there was never a conversation between us to clarify the results that she was seeking from the report. Ms. Veltri then implied that my new hairstyle was "**the final red flag**" and suggested that it would be in my best interest to seek professional help. I sat there horrified; how could Ms. Veltri remark about my mental health status based on a new haircut after having had no contact with me for three weeks! The closest contact to Ms. Veltri was though a few brief conversations between Mr. Fontanella at the office. Ms. Veltri informed me she wouldn't be attending the project meeting, but Mr. Fontanella would be attending on her behalf. I was dumbfounded by the statements made by Ms. Veltri, who felt I was still competent enough to represent OHA at a multiple agency meeting with outside vendors taking place within the hour.

As we returned from the project meeting, my family had contacted me to tell me of the unexpected passing of my Aunt. There was no opportunity to speak to Ms. Veltri while we met in her office earlier that morning regarding the family situation. There were a few outstanding items which required my attention because we were leaving for vacation the following week.

On route to the hospital to see my family, I received a compelling call from Ms. Veltri strongly suggesting to the point of demanding, that I seek the immediate care from a psychiatrist. She was very concerned for my well-being. She had already arranged for an appointment for me with her personal psychiatrist, Larry Goldstein, and that he would see me right away. Afraid of the outcome if I didn't comply with her suggested/requested/persuasive demand, I met with Dr. Goldstein. Dr. Goldstein was under the impression my situation was grave, but indicated Ms. Veltri could be somewhat dramatic. The following is the analysis Dr. Goldstein presented: the patient (me) is a very intelligent and capable person who had just experienced the second death of a significant family member within two months, coupled with a lack of sleep, the vacation couldn't come at a better time.

After returning from vacation, a fellow colleague alluded that Ms. Veltri suggested to another employee (who was ultimately fired), that they should seek assistance from EAP. That employee was in fear of being targeted by management and expressed concern for their position because the supervisor was out on medical leave.

Ms. Veltri, who requested/ suggested/demanded I seek immediate professional help through her personal psychiatrist the week prior, never attempted to make direct contact with me upon my return from vacation. The budget concerns of the DSS project weighed heavily on my mind as the threat of layoffs rumbled through the office. There was no response from Ms. Veltri to the emails questioning the outcome of the agency budget meeting that had taken place the previous week. It was Ms. Morris who told me that no one was in jeopardy of losing their positions and the agency budget was passed the previous week. I inquired about the status of the report needed for the DSS budget meeting Mr. Fonttealla had been assigned to edit. Ms. Veltri nonchalantly stated "Oh I didn't need it".

HR was notified of the inappropriate actions that transpired before my vacation and were speechless. I sent my resignation to HR and Ms. Veltri who never inquired or questioned my resignation. The only response from Ms. Veltri as she stood outside my office was "had enough?"

Since my departure from OHA, Ms. Morris was able to position herself as the Assistant Healthcare Advocate. The experience criteria on the job posting was lesser than the Insurance Program Manager position. The employee who was afraid they would be forced out of their position is now in litigation after thirty years of state service. The DCF team member transferred in the spring of 2014, all three team members of the DSS Medicaid project team also left the office OHA and three other employees remain in arbitration.

Leaving state service was one of the most difficult decisions I have ever made. It has impacted a promising career within state service, has created monetary difficulties for my family, and I will lose future retiree benefits, if I am not able to find state employment by December 2015. I continue to post for multiple positions only to receive no response or denial.

OHA is many things but advocating is not one of its strengths.

Thank you for the opportunity to share my experience at The Office of the Healthcare Advocate.

Sincerely,

Helen Sullivan

Helen Sullivan